

PART B - FEE(S) TRANSMITTAL

8/23/04

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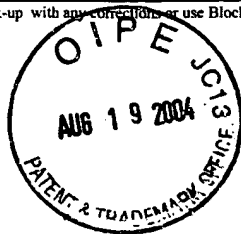
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7590

05/20/2004

GERALD H. KIEL
 REED SMITH LLP
 599 LEXINGTON AVENUE
 29TH FLOOR
 NEW YORK, NY 10022



19AUG04

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Ruth Montalvo	(Depositor's name)
<i>[Signature]</i>	(Signature)
August 19, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/043,465

01/10/2002

Mario Gerlach

GK-ZEI-3147 /
500343.2014

6478

TITLE OF INVENTION: MEDICAL LASER THERAPY DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1330

\$300

\$1630

08/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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GIBSON, ROY DEAN

3739

606-004000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Reed Smith LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Carl Zeiss Jena GmbH

Jena, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☒ Publication Fee

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☒ Advance Order - # of Copies☒ A check in the amount of the fee(s) is enclosed. (\$1,660.00)☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1529 (enclose an extra copy of this form).

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(Authorized Signature)

(Date) 08/19/04

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GERALD H. KIEL
REG. No. 25,116

08/24/2004 AAD0F02 00000006 10043465

01 FC:1501

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02 FC:1504

300.00 OP

03 FC:8001

30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



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ISSUE FEES PAID

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Deposited on August 19, 2004

APPLICATION NOS.:

DOCKET NOS.:

DUE DATES:

1	10/043,465	GK-ZEI-3147	08/20/2004
2	10/203,221	GK-OEH-143	08/21/2004
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